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Bib Data Sheet

|   |   |                                    |   |  |
|---|---|------------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/696,836  | <b>FILING DATE</b><br>10/25/2000<br><b>RULE</b> —   | <b>CLASS</b><br>395                | <b>GROUP ART UNIT</b><br>2152   | <b>ATTORNEY DOCKET NO.</b><br>IMEC32.004C1 |
| <b>APPLICANTS</b><br>jan Vanhoof, Wijgmaal, BELGIUM;<br>Maryse Wouters, Heverlee, BELGIUM;<br>Serge Vernalde, Heverlee, BELGIUM;<br>Karl Van Rompaey, Heist-op-den-Berg, BELGIUM;   |   |                                    |   |  |
| <b>** CONTINUING DATA *****</b><br>THIS APPLN CLAIMS BENEFIT OF 60/006,012 10/23/1995   |   |                                    |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                    |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/04/2001</b> —  |   |                                    |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>BELGIUM | <b>SHEETS DRAWING</b><br>23   | <b>TOTAL CLAIMS</b><br>20                  |
|   |   |                                    |   | <b>INDEPENDENT CLAIMS</b><br>3             |
| <b>ADDRESS</b><br>20995 —   |   |                                    |   |  |
| <b>TITLE</b><br>Interprocess communication protocol system  |   |                                    |   |  |
| <b>FILING FEE RECEIVED</b><br>710   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |